



State of Utah
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

Michael O. Leavitt
Governor

Ted Stewart
Executive Director

James W. Carter
Division Director

355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203
801-538-5340
801-359-3940 (Fax)
801-538-5319 (TDD)

October 14, 1994

CERTIFIED RETURN RECEIPT
P 074 978 918

Connie Shearer
International Banking Officer
Commerce Bank of Kansas City
P. O. Box 419248
Kansas City, Missouri 64141-6248

Re: Release of Irrevocable Standby Letter of Credit, Great Salt Lake Minerals Corporation, Little Mountain, M/057/002, Weber County, Utah

Dear Ms. Shearer:

Please find enclosed the original Irrevocable Standby Letter of Credit [redacted] dated October 28, 1993, for Great Salt Lake Minerals Corp.'s Little Mountain Mine.

We apologize for the unforeseen delay in returning this surety to you.

Sincerely,

Anthony A. Gallegos
Reclamation Engineer

jb
Enclosure
cc: Max Reynolds, GSLM
M057002





Commerce Bank of Kansas City

International Department
P.O. Box 419248
Kansas City, MO 64141-6248
(816) 234-2581

Telex: MCI 6715509
S.W.I.F.T. Address: CBKCUS44

RECEIVED

OCT 29 1993

DIVISION OF
OIL, GAS & MINING

OCTOBER 28, 1993

UTAH DIVISION OF OIL, GAS AND MINING
355 WEST NORTH TEMPLE
3 TRIAD CENTER, SUITE 350
SALT LAKE CITY, UT 84180-1203

ATTN: WAYNE HEDBERG

We are pleased to enclose the items indicated below:

Our Irrevocable Commercial/Standby Letter(s) of Credit No.: _____

Amendment to our Irrevocable ~~Commercial~~/Standby Letter(s) of Credit No.: _____

Advice of Full/Partial Transfer of Irrevocable Credit No.: _____ Our No.: _____

Advice of Assignment of Proceeds of Irrevocable Credit No.: _____ Our No.: _____

Please be guided by the instructions checked below:

- ☒ Retain original for your files.
- ☐ Retain duplicate for your files.
- ☐ Forward original and _____ duplicate(s) to beneficiary.
- ☐ Forward original and 1 duplicate to _____ and have them forward the original to the beneficiary.
- ☐ Other: _____

Connie Shearer

CONNIE SHEARER
INTERNATIONAL BANKING OFFICER
LETTER OF CREDIT MANAGER

CC: GREAT SALT LAKE MINERALS CORP. - *Richard Cox*

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

CONNIE SHEARER
INTL BANKING OFFICER
COMMERCE BANK OF KANSAS CITY
PO BOX 419248
KANSAS CITY MO 64141-6248

4. Article Number

P 074 978 918

Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

OCT 17 1994

8. Addressee's Address (ONLY if requested and fee paid)

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



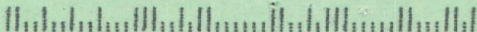
PENALTY FOR PRIVATE
USE, \$300

RETURN
TO



Print Sender's name, address, and ZIP Code in the space below.

STATE OF UTAH
NATURAL RESOURCES
OIL, GAS, & MINING
3 TRIAD CENTER, SUITE 350
SALT LAKE CITY, UTAH 84180-1203



P 074 978 918

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

DOGM

JJB

M/057/002

10/14/94

Sent to **Connie Shearer**
Intl Banking Officer

Street **Commerce Bank of Kansas**
• **PO Box 419248**

P.O., State and ZIP Code

Kansas City MO 64141

Postage

\$ **52**

Certified Fee

1

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing
to whom and Date Delivered

1

Return Receipt showing to whom,
Date, and Address of Delivery

TOTAL Postage and Fees

\$ **252**

Postmark or Date

